



"MOBILE ELEVATED WORK PLATFORM OPERATOR, PRE-HAZARD ASSESSMENT & RESCUE PLAN"
EQUIPMENT INSPECTION CHECKLIST AND OCCUPANT TRAINING (ANSI A92.22 & CSA B354.7)

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Operator: _____				Date: _____																																							
MOBILE LIFT OPERATOR				PRE-HAZARD ASSESSMENT																																							
List Occupants Names:				Ears/Eyes/Body/Respiratory:																																							
1.	3.	Y	N	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Particle in eyes</td> <td>Y</td> <td>N</td> <td>Upward position</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Loud noises</td> <td></td> <td></td> <td>Overhead work/over reaching</td> <td></td> <td></td> </tr> <tr> <td>Inhalation</td> <td></td> <td></td> <td>Manual lifting</td> <td></td> <td></td> </tr> <tr> <td>Inadequate seal of respirator</td> <td></td> <td></td> <td>Burns</td> <td></td> <td></td> </tr> <tr> <td>Overexertion</td> <td></td> <td></td> <td>Heavy/upward load</td> <td></td> <td></td> </tr> <tr> <td>Pinch points</td> <td></td> <td></td> <td>Slips, trips and falls</td> <td></td> <td></td> </tr> </table>				Particle in eyes	Y	N	Upward position	Y	N	Loud noises			Overhead work/over reaching			Inhalation			Manual lifting			Inadequate seal of respirator			Burns			Overexertion			Heavy/upward load			Pinch points			Slips, trips and falls		
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Will you need to transport machines?																																											
Are there times of day you can't work?																																											
Approximate Time of Completion of Work?																																											
Job Location/Where will you be working?																																											
Equipment Being Used - (refer to bottom of this page)				Y N																																							
Scissor Lift = Identify Equipment Group _____ Type _____				Environment:																																							
Boom Lift = Identify Equipment Group _____ Type _____				Y N																																							
Vertical Lift = Identify Equipment Group _____ Type _____				Y N																																							
Have the following been reviewed with Occupants:				Y N																																							
Decals, Manufacture Manual, Capacity Rating, Anchor Points, Controls				Y N																																							
Fall Protection Training Verification				Y N																																							
Have occupants received training that explains procedures to follow if they fall and await rescue or witness another worker's fall?				Y N																																							
Does your rescue plan limit the time that a properly restrained worker hangs suspended in the air?				Y N																																							
Other:				Y N																																							
Other:				Y N																																							
Evaluate Risks				Y N																																							
MEWP-related: Working at height, staying within rated capacity?				Y N																																							
Avoiding power lines, accessing hard-to-reach areas?				Y N																																							
Keeping workers on the ground safe, preventing unauthorized use of equipment?				Y N																																							
Permits required:				Y N																																							
Critical lifts				Y N																																							
Hot work				Y N																																							
Energized Electrical				Y N																																							
Identify controls.				Y N																																							
SWP: Use correct PPE, ensure understanding of fall arrest systems				Y N																																							
Proper training: For operators, occupants, supervisors and maintenance personnel?				Y N																																							
Has the work been organized in ways that minimize exposure to hazards?				Y N																																							
IDENTIFY YOUR RESCUE PLAN: (Refer to back of page for procedure)				Self-rescue — by the person involved																																							
				Assisted rescue — by others in the work area																																							
				Technical rescue — by emergency services																																							
HAZARD / DEFICIENCY		CORRECTIVE ACTION		Level of Risk H – M - L		Fixed By		Date Fixed																																			
EQUIPMENT DESCRIPTION																																											
GROUP A		GROUP B		Type 1		Examples of Group A Type 1		Examples of Group B Type 1																																			
MEWPs with platforms that move vertically but stay inside the tipping lines		All other MEWPs, typically boom-type MEWPs where the platform extends past the machine's chassis		Can only be driven in the stowed position Type 2 Can be driven elevated but is controlled from the chassis Type 3 Can be driven elevated but is controlled from the work platform																																							

MOBILE ELEVATED WORK PLATFORM RESCUE PLAN

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This document is intended to provide guidance only for developing site-specific rescue plans for working at heights.

DATE: _____ JOB DESCRIPTION: _____ LOCATION: _____

CONTACTS	RESCUE EQUIPMENT	CRITICAL RESCUE FACTORS
Rescuer(s): _____ _____ _____	<input type="checkbox"/> Ladder <input type="checkbox"/> Rescue Pole <input type="checkbox"/> Rescue Rope <input type="checkbox"/> Scaffold <input type="checkbox"/> Crane <input type="checkbox"/> Mobile Elevated Work Platform <input type="checkbox"/> Alternative Lifting & Lowering Device <input type="checkbox"/> SRL (Self Retractable Lifeline) <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Life Ring <input type="checkbox"/> RPD (Rescue Positioning Device) R550 <input type="checkbox"/> (Rescue and Descent Device)	Anchor Point: _____ _____ _____
Competent Person: _____ _____	Location of Equipment: <input type="checkbox"/> Jobsite <input type="checkbox"/> Gang Box <input type="checkbox"/> Tool Box <input type="checkbox"/> Other: _____	Landing Area: _____ _____ _____
Emergency Contact: _____ _____		Rescue Obstructions or Hazards: _____ _____ _____
Method of Contact: <input type="checkbox"/> PA <input type="checkbox"/> Verbal/Face to Face <input type="checkbox"/> Radio Channel: _____ <input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Other: _____		What is our estimated rescue plan time limit that a properly restrained worker hangs suspended in the air: _____ _____ _____

CHECK FOR YES	COMMENTS
<input type="checkbox"/> Have alternatives to using fall arrest equipment been considered?	_____
<input type="checkbox"/> Has rescue equipment been inspected and in good shape?	_____
<input type="checkbox"/> Is equipment adequate for the rescue plan?	_____
<input type="checkbox"/> Have communication devices been identified, located and tested?	_____
<input type="checkbox"/> Are all rescuers familiar with the use of the rescue equipment?	_____
<input type="checkbox"/> If working over water, is there a boat available?	_____

Describe the tasks that will be done prior to work to prevent a fall and the step-by-step process to be followed in the event of a fall. PRE-WORK TASKS:

RESPONSE PROCEDURE:

- | | |
|----------|--|
| 1) _____ | 1) Notify Emergency Contact. |
| 2) _____ | 2) Make medical assessment of person. |
| 3) _____ | 3) If possible, have employee perform self-rescue. |
| 4) _____ | 4) _____ |
| 5) _____ | 5) _____ |
| 6) _____ | 6) _____ |